

**APPLICATION FOR ACCREDITATION OF
CONTINUING MEDIATION EDUCATION "CME" ACTIVITY**

PARTICIPANTS & SPONSORS: USE THIS FORM TO APPLY FOR CME CREDIT

RETURN TO:

INDIANA COMMISSION FOR CONTINUING LEGAL EDUCATION

115 West Washington Street, Suite 1065

Indianapolis, IN 46204-3417

Phone: (317) 232-1943

Fax: (317) 233-1442

www.in.gov/judiciary/cle

Note this form may be used by an individual or sponsor. Sponsors must submit applications 30 days before a course is presented. Individuals may apply for accreditation up to thirty (30) days after the course.

Course No. _____
NOTICE OF DECISION
(To be completed by the office)

The following action has been taken on this application:

- ☐ APPROVED for _____ CME credits
☐ ACCREDITATION DENIED. Reference _____
☐ RETURNED for more information. Please complete each item on this form indicated by the number(s) circled:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
18 19 20 21 22
☐ REFERRED to meeting on _____
☐ Please see attached materials.

Date _____ Staff _____

1. Name, address, phone, website, fax and e-mail of **organization** providing or sponsoring the activity:

-
-
-
-
-

Name, address, phone, fax and e-mail of **applicant** (if different from organization)

-
-
-
-
-

2. Title of course _____

3. Date(s) and location(s) (Building, City, State) (applicant must provide this information to have course reviewed) _____

4. Writing surface available? _____ Yes _____ No

5. Is course site accessible to persons with disabilities? _____ Yes _____ No

6. Check all that apply regarding the course:

_____ Self study	_____ On-line	_____ Mediator or neutral audience (majority) _____%
_____ By telephone	_____ Video tape	_____ Audio tape
_____ Discussion leader present	_____ Attendance monitored	_____ Classroom situation
_____ Live presentation	_____ Away from Mediator's office	_____ In-house
_____ Interactive	_____ Academic or governmental mediator audience	

To be approved courses must provide a discussion leader or two-way communications, classroom setting away from mediators' offices, and an opportunity to ask questions. Attendance also must be monitored at the course site. Alternative Dispute Resolution Rule 2.5 (E)

7. Advertised to _____ mediators _____ lawyers _____ others – specify: _____

8. List any admission restrictions: _____

9. Is this course primarily designed for the exclusive benefit of mediators employed by a private organization or mediation firm? (Is this an in-house course?)

_____ Yes _____ No _____ Unknown

10. Number of attendees from outside the sponsors' organization as compared to the total number of attendees: _____ to _____

11. Describe how this course will make a significant contribution to the professional competency of mediators who attend. _____

12. Describe how this course addresses matters related directly to the practice of alternative dispute resolution and the professional responsibility of neutrals. _____

13. Is this course directed to elementary, high school or college student neutrals? _____ Yes _____ No (Note: if yes, the Commission will not approve as CME)

14. Method of evaluation _____ participant critique _____ independent evaluator _____ none _____ other

15. If credit is requested for a luncheon, how many minutes will the presenter speak? _____

16. Description of materials to be distributed: total pages _____ When are materials distributed? _____ before program _____ after program

17. For sponsor: Total MINUTES of instruction (excluding breaks, meals, introductory remarks and business meetings) _____

18. For participant: Total MINUTES of substantive CME instruction attended (excluding breaks, meals, introductory remarks, and business meetings) _____

19. Has the Commission previously approved this course? ____ Yes ____ No If yes, dates of course _____

20. ENCLOSURES REQUIRED

- brochure or course outlines/schedule and course description (you must include a breakdown of time spent on each topic)
- table of contents or equivalent
- faculty name(s) and credentials (if not in brochure or description)
- * - personal affidavit of attendance by mediator – for mediator applicant only (below)
- certification of attendance by sponsor (on sponsor standard form or letterhead)

21. SPONSOR ACKNOWLEDGMENT (For Sponsor Applicant Only)

The applicant acknowledges that the Commission may later require submission of copies of course materials distributed in connection with this program. The applicant acknowledges that this course (will be) (was) open to the Commission for observation. The applicant will provide the Commission with certification of attendance of all Indiana mediators who attended within thirty days following the course. This certification will be under oath and on applicant's letterhead or standard form.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Printed Name and Title

Date

Signature

*** 22. PERSONAL AFFIDAVIT OF ATTENDANCE (For Mediator-Attendee Applicant Only)**

I, _____, hereby swear or affirm that I attended the above course and claim that I am entitled to _____ CME minutes.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Printed Name and Attorney or Mediator Number

Date

Signature